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**Annual Workshop Maintenance – Enquiry Form**

**Client Name**:

**School Address**:

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| --- | --- | --- | --- |
| **Contact Name**: |  | **Contact Email**: |  |
|  |  |  |  |
| **Contact Telephone No**.: |  | **Contact Fax No**.: |  |

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| --- | --- |
| **Date of last service:** | **Promotion code (if applicable):** |

Please detail available access times and any access restrictions to your site:

**Services Required**

|  |  |
| --- | --- |
| **Annual maintenance**  **LEV**  **Sewing machines**  **Garage equipment**  **Any other…** | We require additional information for the items below. Once ticked, please complete the relevant sections on this form.  **Laser cutters**  **Fume cupboard**  **Heat bay**  **Kiln** |

**Equipment Schedule**

Details of equipment to be serviced/inspected. Please list all **machinery** and **dust/fume extraction** units that require any of our services.

Please note, we require additional information for certain items of equipment. Please consider other sections on this form for those items.

(Please use a separate sheet for each workshop/room)

**Room No**.:

|  |  |  |  |
| --- | --- | --- | --- |
| **Machine Type** | **Make** | **Model** | **Year of Manufacture** |
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\*Please use supplementary sheet if necessary

**Laser Cutters**

Details of equipment to be serviced/inspected. Please list all **laser cutters**  
(Please use a separate sheet for each workshop/room)

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| --- | --- | --- | --- |
| **Make** | **Model** | **Serial No.** | **Wattage** |
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\*Please use supplementary sheet if necessary

**Heat Bay**

As standard, TSL will carry out a safety/electrical inspection.  
We can provide a quotation for a full gas service by a specialist Gas Safe Engineer at your request. Please tick the box if you require this additional specialist service:

Specialist full gas service required

**Kilns**

As standard, TSL will carry out a safety/electrical inspection.  
We can provide a quotation for an annual health and safety check, or a full kiln service:

Health & Safety Check

Full Kiln Service (recommended bi-annually)

**Fume Cupboards**

As standard, TSL will carry out a COSHH test.  
We can provide a quotation for a specialist Fume Cupboard service at your request. Please tick the box if you require this additional specialist service:

Specialist Fume Cupboard service required

Please specify your Fume Cupboard equipment:

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| --- | --- | --- | --- |
| **Mobile or fixed?** | **Make** | **Model** | **Serial Number** |
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**Other Information:**

Please note any specific requirements which may not have been covered above or any known faults.

**Annual Workshop Maintenance Enquiry Form – Supplementary Page**

**Room No**.:

|  |  |  |  |
| --- | --- | --- | --- |
| **Machine Type** | **Make** | **Model** | **Year of Manufacture** |
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